Application for Fixed Payment for Moving Expenses: Business-Farm-NPO

Project Title:		Parcel No.:
Type of Displacement: Displaced Person(s): Bus Farm NPO		Displacee No.:
I, the undersigned applicant, hereby apply for a fixed pay	ment in lieu of all other moving and rel	lated costs and expenses.
I understand that the amount of said payment will be detereturns and other evidence AGENCY deems necessary; the business or farm operation before displacement (nonpannual gross revenues less administrative expenses); said	hat said payment will be equal to the average or of the average of the payment will be based payment shall be no less than \$1,000 or of the payment shall be not	verage taxable income of sed on the average of
My business, farm operation or nonprofit organization is	commonly known as:	
For the purpose of this application, I hereby declare and I am the owner of a business, farm operation or which personal property belonging to said busine moved as a result of the acquisition of said real property by AGENCY; and that said business, farm operation since, and that	nonprofit organization lawfully located tess, farm operation or nonprofit organization part, or as a result operation or nonprofit organization has	ation is required to be alt of a written order to
	Business	
 Said business cannot be relocated without a substantial loss of its existing patronage; and The business is not part of a commercial enterprise having more than three other entities which are not being acquired by the agency, and which are under the same ownership and engaged in the same or similar business activities; and 		
3. The business contributed materially to the income of the displaced person during the two taxable years prior to displacement; and4. The business is not operated at a displacement dwelling or site solely for the purpose of renting such dwelling or site to others.		
	Farm Operation	
 Said farm operation contributes materially to Said acquisition will cause such a substantial constitute a displacement of the entire farm of Any remaining operation will no longer be a 	change in the nature of the existing far operation; or	•
No	onprofit Operation	
Said nonprofit organization cannot be relocated clientele).	without a substantial loss of existing pat	tronage (membership or
Applicant Signature:	Title:	Date:
I certify that, to the best of my knowledge, this applicant payment in lieu of all moving and moving related expens	• •	lification for a fixed
Relocation Supervisor:	Date:	Amount Approved
Assistant Director, Relocation Assistance Program:	Date \$	